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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/762589		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4		1					54				
5	1						55				
6	1						56				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	2	↓		↓		↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS	10						TOTAL CLAIMS				

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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